

**DEPARTMENT OF TECHNOLOGY SERVICES
LEAVE BANK DONATION REQUEST**

EMPLOYEE NAME

EMPLOYEE NUMBER

DIVISION

LOW ORG

I hereby donate _____ hours of annual leave
I hereby donate _____ hours of converted sick leave
I hereby donate _____ excess hours
I hereby donate _____ hours of compensatory time as an FLSA non-exempt employee

To _____, an employee in the Department of

I grant my authorization to have this amount deducted from my leave balances. I understand that this authorization is strictly voluntary and is irrevocable and these hours will not be restored to my leave balances even if the leave is not used by the employee to whom I donated it.

I understand that I must have a balance of at least 10 days (80 hours) of annual and/or sick leave after donation.

EMPLOYEE SIGNATURE

DATE OF DONATION

FOR AGENCY USE ONLY

Signature of Payroll Technician deducting leave donation Date

Signature of Payroll Technician adding leave donation Date